



THE COUNTY OF SAN DIEGO TREASURER-TAX COLLECTOR

SPECIAL FUNCTIONS DIVISION - TAX SALES SECTION
1600 PACIFIC HIGHWAY, ROOM 162 • SAN DIEGO, CALIFORNIA 92101-2475
PHONE: (619) 531-5708 • FAX: (619) 685-2589



EXCESS PROCEEDS CLAIM FORM

DATE:

SALE NO.:

SALE DATE:

NAME OF PARTY OF INTEREST:

Item No:

Description of Property:

APN:

Assessee:

Property Address:

Date Sold:

Date of Deed:

Amount of Excess Proceeds:

Final Date to Submit Claim:

I claim the above amount of excess proceeds or the present amount due, whichever is less, under Revenue and Taxation Code Section 4675 subsection (a) and understand this claim form must be postmarked within one year of the above date of tax deed.

☐ I understand that I am claiming these funds personally based on the above document(s) available in your investigation file, and that it is not necessary for me to employ another person to file a claim on my behalf.

I enclose evidence of the present amount still due and payable with interest and costs claimed to the date of the tax sale including the original amount due and an accounting of all payments made on this lien.

(Check any applicable blocks.)

☐ Partnership or Corporate Tax I.D. number:

☐ My Driver License number is:
State of License No.

☐ My Social Security Number is:

I affirm under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Executed this day of at .

Signature of Claimant Title (if official of partnership or corporation)

My Telephone number is: ()

*My current mailing address is:

My email address is:

**Please note: Non U.S. Postal System Box Numbers are not acceptable.*